Division of Licensing and Protection
103 South Main Street, Ladd Hall
Waterbury, VT 05671-2306
http://www.dail.vermont.gov
Voice/TTY (802) 871-3317
To Report Adult Abuse: (800) 564-1612
Fax (802) 871-3318

November 11, 2014

Ms. Brenda Scalabrini, Administrator
Lincoln House
120 Hill Street
Barre, VT 05641-3915

Dear Ms. Scalabrini:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **September 3, 2014.** Please post this document in a prominent place in your facility.

We may follow-up to verify that substantial compliance has been achieved and maintained. If we find that your facility has failed to achieve or maintain substantial compliance, remedies may be imposed.

Sincerely,

Pamela M. Cota, RN
Licensing Chief

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0175	A. BUILDING: _____ B. WING _____	09/03/2014

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LINCOLN HOUSE	120 HILL STREET BARRE, VT 05641

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
R100	Initial Comments: An unannounced, onsite re-licensure survey was conducted by the Division of Licensing and Protection on 09/03/2014. The following deficiencies were identified by the survey team.	R100	Please see attached Plans of correction.	
R128 SS=D	V. RESIDENT CARE AND HOME SERVICES 5.5 General Care 5.5.c Each resident's medication, treatment, and dietary services shall be consistent with the physician's orders. This REQUIREMENT is not met as evidenced by: Based on staff interview and record review, the home failed to assure that each resident's treatments were consistent with physician orders for 1 of 4 residents in the total sample. (Resident #4) Findings include: Per review of the current physician orders for Resident #4 on 9/3/14, the physician ordered BS (blood sugar) test 1 time per day at 8:00 AM. Per review of the Flow Sheet for BS monitoring, staff were testing the resident's BS only on Mondays, Wednesdays and Fridays each week. The physician orders also stated to do "VS (vital signs) 1 X weekly per MD". Per review of the VS sheets for July and August, there were no VS documented for 7/19/14, 7/26/14, 8/23/14 and 8/30/14. These issues were confirmed with the Administrator on 9/3/14 at 6 PM.	R128		
R136 SS=D	V. RESIDENT CARE AND HOME SERVICES	R136		

Division of Licensing and Protection

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

R128, R136, R139, R145, R150, R160, R167, R171, R177, R181, R190, R200 + R302 POC's accepted 11/6/14 nlBolton RN / PMC

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R136	Continued From page 1 5.7. Assessment 5.7.c Each resident shall also be reassessed annually and at any point in which there is a change in the resident's physical or mental condition. This REQUIREMENT is not met as evidenced by: Based on staff interview and record review, the RN failed to assure that all applicable residents of the home were reassessed annually or after a change in condition for 1 of 5 residents in the total sample. (Resident #4). Findings include: Per record review on 9/3/14, Resident #4's most recent annual assessment was not completed within the required regulatory timelines. The resident had an assessment completed on 1/31/13 and the next completed assessment was done on 2/14/14, failing to meet the requirement for annual assessments within 365 days (annually) of the last assessment.	R136		
R139 SS=D	V. RESIDENT CARE AND HOME SERVICES 5.8 Physician Services 5.8.c Any refusal of medical care and the reasons for the refusal must be documented in the resident's record. If the resident has an attending physician, the physician shall be notified. This REQUIREMENT is not met as evidenced	R139		

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R139	Continued From page 2 by: Based on staff interview and record reviews, staff failed to notify the physician of a resident's refusal of 3 morning doses of Ativan for 1 of 3 applicable residents receiving routine Ativan. (Resident #5). Findings include: During an observation of a medication pass with the medication technician (med. tech) on 9/3/14 at 1:30 PM, the med. tech stated that Resident #5 had refused her/his morning dose of Ativan every day that week. Per review, the medication was circled on the Medication Administration Record (MAR) for 9/1/14 and 9/3/14. There was no documentation for the AM dose on 9/2/14, and the dose was still observed in the medication package for that morning. The med tech confirmed that the med tech on duty yesterday (9/2/14) stated they had not given the medication due to the resident's refusal that day also. There was no evidence in the medical record that the physician had been notified of the medication refusals for 3 days. The med tech on duty on 9/3/14 confirmed during the observations that he/she had not notified the physician of the refusals.	R139		
R145 SS=E	V. RESIDENT CARE AND HOME SERVICES 5.9.c (2) Oversee development of a written plan of care for each resident that is based on abilities and needs as identified in the resident assessment. A plan of care must describe the care and services necessary to assist the resident to maintain independence and well-being;	R145		

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R145	Continued From page 3 This REQUIREMENT is not met as evidenced by: Based on staff interview and record review, the Registered Nurse (RN) failed to assure that the written care plan for each resident addressed each resident's identified needs and described the care necessary to assist each resident in maintaining well-being for 3 of 4 residents in the applicable sample. (Residents #4, # 1 and # 3). Findings include: 1. Per record review on 9/3/14, Resident #4's care plan failed to include the resident's needs regarding a history of a fall on 7/20/14 and subsequent risk for additional falls, and failed to address the needs regarding management of Diabetes Mellitus and blood sugar monitoring. The resident care plan also failed to address the needs regarding anticoagulant therapy and need for monitoring for evidence of bleeding, bruising or other adverse effects of the therapy. The failure to care plan for these issues was confirmed with the Administrator on 9/3/14 at 6 PM. 2. Per record review on 09/03/2014, Resident # 1's care plan failed to reflect a recent fall and that Resident # 1 has changed from not a falls' risk to a "fall risk" as his/her falls have increased during 2014. Staff report during interview that "s/he falls all the time." The last initialed update for this resident's care plan is 12/12/2013, which is before the increase in falls began. This is confirmed during interview with the Administrator at 5 PM. 3. Per record review on 09/03/2014, Resident # 3's care plan failed to reflect that the resident has a pacemaker in place. The care plan is last updated and reviewed on 12/12/2013 and there is	R145		

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R160	Continued From page 5	R160		
R160 SS=F	V. RESIDENT CARE AND HOME SERVICES 5.10 Medication Management 5.10.a Each residential care home must have written policies and procedures describing the home's medication management practices. The policies must cover at least the following: (1) Level III homes must provide medication management under the supervision of a licensed nurse. Level IV homes must determine whether the home is capable of and willing to provide assistance with medications and/or administration of medications as provided under these regulations. Residents must be fully informed of the home's policy prior to admission. (2) Who provides the professional nursing delegation if the home administers medications to residents unable to self-administer and how the process of delegation is to be carried out in the home. (3) Qualifications of the staff who will be managing medications or administering medications and the home's process for nursing supervision of the staff. (4) How medications shall be obtained for residents including choices of pharmacies. (5) Procedures for documentation of medication administration. (6) Procedures for disposing of outdated or unused medication, including designation of a person or persons with responsibility for disposal. (7) Procedures for monitoring side effects of psychoactive medications. This REQUIREMENT is not met as evidenced by: Based on staff interview, the home failed to have	R160		

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R167	Continued From page 7 use of PRN psychoactive medications were provided for unlicensed nursing staff for administration of these medications to 2 of 2 applicable residents in the sample with orders for PRN psychoactive medications. (Residents #6 and #7). Findings include: Based on observations during the medication pass on 9/3/14 at 1:30 PM, there were no written plans to direct staff in the administration of PRN (as needed) psychoactive medications. Resident #7 had physician orders for lorazepam (an anti-anxiety medication), 0.5 mg. (milligrams), 1/2 tab (0.25 mg.) every evening as needed for severe anxiety. Resident #6 had physician orders for lorazepam, 0.5 mg., 1/2 tab (0.25 mg.) up to twice a day and 2 half tabs (0.5 mg.) at bedtime as needed. The RN had not provided a written plan describing the required elements, including the specific behaviors the medication is intended to address, the circumstances when it may be given, the desired effects and possible adverse side effects of the medication and the reason for giving the medication. The med tech confirmed at the time of the med pass observation that there was no plan to direct unlicensed staff when administering a psychoactive medication on an "as needed" basis.	R167		
R171 SS=D	V. RESIDENT CARE AND HOME SERVICES 5.10 Medication Management 5.10.g Homes must establish procedures for documentation sufficient to indicate to the physician, registered nurse, certified manager or representatives of the licensing agency that the medication regimen as ordered is appropriate	R171		

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R171	Continued From page 8 and effective. At a minimum, this shall include: (1) Documentation that medications were administered as ordered; (2) All instances of refusal of medications, including the reason why and the actions taken by the home; (3) All PRN medications administered, including the date, time, reason for giving the medication, and the effect; (4) A current list of who is administering medications to residents, including staff to whom a nurse has delegated administration; and (5) For residents receiving psychoactive medications, a record of monitoring for side effects. (6) All incidents of medication errors. This REQUIREMENT is not met as evidenced by: Based on observation, staff interview and record review, the home failed to establish and have available sufficient policies and procedures to indicate to the licensing agency representatives that the medication regime was appropriate and covered the medications being administered to all residents of the facility. (All Residents receiving medication affected). Findings include: During an observation of medication administration on 9/3/14 at 1:30 PM, it was noted that Resident #5's morning dose of lorazepam was not signed off as given for the previous day. When the policy on signing off on the MARs (Medication Administration Records) when a resident refuses medication was requested, it could not be provided. The Administrator stated that she was not aware of a policy manual for medication administration. She/he confirmed that several months previously, the facility's on-line	R171		

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R171	Continued From page 9 manual system crashed and they had not replaced any of the manuals as of the date of survey.	R171		
R177 SS=E	V. RESIDENT CARE AND HOME SERVICES 5.10 Medication Management 5.10.h (5) Narcotics and other controlled drugs must be kept in a locked cabinet. Narcotics must be accounted for on a daily basis. Other controlled drugs shall be accounted for on at least a weekly basis. This REQUIREMENT is not met as evidenced by: Based on observations, staff interview and record review, the home failed to assure that controlled medications were accounted for at least weekly and failed to implement a process to assure that documentation of medication count process was complete. Findings include: Per observations during a medication pass with the med tech on 9/3/14 at 1:30 PM, routine lorazepam was being stored in the main part of the medication cart, not in the special locked box within the cart, as were the PRN doses of lorazepam and other controlled medications, including narcotics. During interview the med tech stated that because the routine doses of medication are delivered weekly in a bubble pack and each one is numbered, they have not been counting or documenting that there has been a count of these medications at least weekly, as	R177		

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R177	Continued From page 10 required. Additionally, the count sheets used for daily shift to shift counts (done 2 x per day) for all controlled medications and narcotics, were incomplete and did not meet requirements, including the full name of the resident and the physician orders including the medication, dose, frequency and route of administration. Per observation of the "Narcotic Count " sheet, only one name is on the sheet, usually the resident's first name, but in one case, the resident's last name only was on the sheet. The med tech noted that there is more than one resident on the sheet with the same first name. For medication information, only 1 word is written on the sheet by each name; for example "Resident Name" and "Ativan", no other clinical information from the physician order for the medication. There was no written policy/procedure to guide staff in the narcotic count process. (Refer also to R 171). At the conclusion of the med pass, the regulatory non-compliance was confirmed with the Administrator and the med tech.	R177		
R181 SS=E	V. RESIDENT CARE AND HOME SERVICES 5.11 Staff Services 5.11.d The licensee shall not have on staff a person who has had a charge of abuse, neglect or exploitation substantiated against him or her, as defined in 33 V.S.A. Chapters 49 and 69, or one who has been convicted of an offense for actions related to bodily injury, theft or misuse of funds or property, or other crimes inimical to the public welfare, in any jurisdiction whether within or outside of the State of Vermont. This provision shall apply to the manager of the home as well, regardless of whether the manager is the	R181		

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R181	Continued From page 11 licensee or not. The licensee shall take all reasonable steps to comply with this requirement, including, but not limited to, obtaining and checking personal and work references and contacting the Division of Licensing and Protection in accordance with 33 V.S.A. §6911 to see if prospective employees are on the abuse registry or have a record of convictions. This REQUIREMENT is not met as evidenced by: Based on the review of 5 personnel records during the re-licensing survey on 09/03/2014, the community care home failed to assure that 2 newly hired staff had the appropriate background checks prior to beginning work. The specifics are as follows: Per review of personnel records of 5 employees, 2 newly hired staff (# 4 and # 5) did not have the VCIC (VT Criminal) background check in their personnel records. The same employees do not have the Adult or Child Abuse registry check verifications in their personnel files. This is confirmed during interview with the Director in the afternoon. S/he further confirms that the new hires had signed releases to have these background checks done but that the permissions were never sent to the respective agencies for review.	R181		
R190 SS=E	V. RESIDENT CARE AND HOME SERVICES 5.12.b.(4) The results of the criminal record and adult abuse registry checks for all staff.	R190		

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R190	Continued From page 12 This REQUIREMENT is not met as evidenced by: Based on the review of 5 personnel records during the re-licensing survey on 09/03/2014, the community care home failed to assure that 2 newly hired staff had the appropriate background checks prior to beginning work. The specifics are as follows: Per review of personnel records of 5 employees, 2 newly hired staff (# 4 and # 5) did not have the VCIC (VT Criminal) background check in their personnel records. The same employees do not have the Adult or Child Abuse registry check verifications in their personnel files. This is confirmed during interview with the Administrator in the afternoon. S/he further confirms that the new hires had signed releases to have these background checks done but that the permissions were never sent to the respective agencies for review.	R190		
R200 SS=F	V. RESIDENT CARE AND HOME SERVICES 5.15 Policies and Procedures Each home must have written policies and procedures that govern all services provided by the home. A copy shall be available at the home for review upon request. This REQUIREMENT is not met as evidenced by: Based on the review of the community care home documents during the re-licensing survey on 09/03/2014, the home failed to have available, written policies and procedures that govern all services provided by the home. The specifics are	R200		

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R200	Continued From page 13 as follows: Per review of the home's reference documents and confirmed by the Administrator during interview in the afternoon, the home has no written policies and procedures available. "They might be in one of the computers" but they are not printed and not available for staff guidance.	R200		
R302 SS=E	IX. PHYSICAL PLANT 9.11 Disaster and Emergency Preparedness 9.11.c Each home shall have in effect, and available to staff and residents, written copies of a plan for the protection of all persons in the event of fire and for the evacuation of the building when necessary. All staff shall be instructed periodically and kept informed of their duties under the plan. Fire drills shall be conducted on at least a quarterly basis and shall rotate times of day among morning, afternoon, evening, and night. The date and time of each drill and the names of participating staff members shall be documented. This REQUIREMENT is not met as evidenced by: Based on staff interview and record review, the home failed to assure that fire drills were completed in accordance with the required frequency, per Vermont Residential Care Home Licensing Regulations. Findings include: Per review of the fire drill documentation sheets from 2013 and 2014 on 9/3/14, the home failed to conduct fire drills at least quarterly and failed to	R302		

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R302	Continued From page 14 rotate the times of day among morning, afternoon evening and night times. Dates when fire drills were conducted within the past 12 months included 9/23/13 and 11/23/13, with no fire drills conducted during the 1st and 2nd quarters for 2014, nor any conducted in 2014 as of the date of survey. The failure to conduct required fire drills was verified with the Administrator during the afternoon of 9/3/14.	R302		

Response to Survey of September 03, 2014

R 128 RESIDENT CARE AND HOME SERVICES

SS-D 5.5 General Care
Each Resident" medication, treatment and dietary services shall be consistent with the physician's orders

- Develop and Implement a process of tracking the recommendations and/or orders for;
  - Blood Pressure
  - Accu Checks for Glucose monitoring
  - Diet recommendations

This will be requested on admission and with concurrent visit with PCP and Specialist

- 100 % monitoring off all MD visits, and new orders to ensure accurate compliance with B/P, Diet and Blood glucose monitoring by the medical Staff at Lincoln House.
- The RN is responsible to ensure compliance.
- This will be implemented immediately 10-21-2014, corrective action will be completed. Expectation is the there will be consistent 100 % compliance with this state regulation.

R 136 RESIDENT CARE AND HOME SERVICES
SS-D 5.7 Assessment
Each Resident shall also be reassessed annually and at any point in which there is a change in the resident's physical or mental condition

- Develop and Implementation of a double-check system to ensure that all annual assessments are within the 365 days. Also having a system of reviewing the assessment if there is a change in the resident's condition.
- RN and Administrator will be responsible for ensure that this requirement is meant.
- Monitoring of assessment forms by the administrator and other RN at Lincoln House for completeness and accuracy on a monthly basis.
- The medical Administrator/RN is the responsible person to ensure compliance.
- Implementation of this corrective measure is immediate. 10-21-2014. Expectation is 100 % compliance with this state requirement on a regular basis.

R 139 RESIDENT CARE AND HOME SERVICES
SS-D 5.8 Physician Services
Any refusal of medical care and the reasons for the refusal must be documented in the resident's record. The primary physician and/or the prescribing physician shall be notified.

- Develop and Implement a policy/practice of notifying the Physician of any resident that has refused scheduled doses of medications. Improve the communication both verbally and written documentation of the collaborative oversight of the resident's medication regime
- Daily monitoring of refusal of medication and monitoring of RN and MD notification
- RNs and Administrator to be responsible for monitoring of compliance with this policy.
- The medical administrator/RN is the responsible person to ensure compliance.
- Implementation of this corrective measure is immediate, 10-21-2014 and the corrective action will be considered complete when there is 100 % compliance.

R 145 RESIDENT CARE AND HOME SERVICES
SS-D 5.9 c (2) Care Plans
Oversee development of a written plan of care for each resident that is based on abilities and needs as identified in the resident assessment. A plan of care must describe the care and services necessary to assist the resident to maintain independence and wellbeing.

- Institute a process that the RN (RNs) reviews each care plan to ensure that the care plan is addressing all aspects of the residents needs.

I.e. fall risk in combination with use of anticoagulation therapy
Institute regular care plan meetings with PCA, Activity director, Nutrition Services and RN and a monitoring process on a monthly basis to review and update as necessary.
Additional documentation of Family conferences in reference to residents needs and plan of care.

- Weekly review of resident care plan to ensure accuracy and compliance with any changes in the resident's status.
- RNs, and administrator are responsible for auditing and ensuring 100% compliance
- The Care plans reviewed on 09-03-2014 have been updated by RN and currently address the issues with falls, use of anticoagulation therapy in addition to ensuring specifics of adjuncts equipment (i.e. pacemaker) as well as other specialty devise.
  This is in reference to Resident # 4; # 1 and # 3 care plans have been updated.
- Implementation of this corrective plan immediate 10—21-2014 on ongoing. The corrective action will be complete when there is consistently 100% compliance with these state regulations consistently.

R150 VRESIDENT CARE AND HOME SERVIES
SS-D 5.9 c (7)
Assure that symptoms or signs of illness or accident are recorder at time of occurrence along with action taken.

- Implement a reeducation of all staff
- Audit of all reports for incidents /accidents at Lincoln House.
- Audits and remediation for all reports. Audits will done by Administrator and RN and they are the responsible
- Implementation of corrective action immediately and ongoing 10-21-2014, and ongoing until there is 100 % compliance.

R160 VRESIDENT CARE AND HOME SERVICES
SS-D
5.10 a Medication Management

5.10 A Each Residential care home must have written policies and procedures describing the homes medication management practice.
(1) Level lll homes must provide medication management under the supervision of a licensed nurse. Level IV homes must determine whether the home is capable of and willing to provide assistance with medications as provided under these regulations as provided under these regulations. Residents are fully informed of the home policy prior to admission
(2) Who provided the professional nursing delegation if the home administers medications to the residents unable to self-administer and how the process of delegation is to be carries out in the home.
(3) Qualifications of the staff who will be managing medications or administering medications and the home's process for nursing supervision of the staff.
(4) How medications shall be obtained for residents including choices of pharmacies
(5) Procedures for documentation of medication administration
(6) Procedures for disposing of outdated or unused medication, including designation of a person or persons with responsibility for disposal
(7) Procedures for monitoring side effects of psychoactive medications

- Retrieval of Policy and Protocol for Medication Management
- The medication management policy and procedures will be available in written and computer format for perusal.
- RN's and administrator will complete this and they will responsible to ensure compliance.
- This process will be completed by 11-21-2014 Expectation is 100% compliance res current state regulations.

See attached Protocol/Policy Medication Management at Lincoln House.

Protocol /Policy for Medication Management
At Lincoln House

5.10 Medication Management

(1) Medication Management is under the management of Pamela. Heffernan RN, Vermont Nursing License # 026-0009379
Current 03-2013to 03-2015

(2) Per the regulations, every resident that is admitted to Lincoln House will have options to their respective medication regime; this is discussed with resident and resident's advocate at time of interview and on admission to Lincoln House.

The following are the protocols of the medication regime at Lincoln House.

- Residents are offered the Medicine on Time Program via Montpelier Pharmacy (Weekly Bubbled wrapped medication dispensing process overseen by pharmacy).
- Residents may continue with their respective Mail Order pharmacy program and/or their respective Pharmacy of choice.
- If the residents want to continue with their respective pharmacy program the RN and/or the staff that has been delegated by the RN are responsible for ensuring the prescribed medicatian regime specific to that resident.
- The protocol at Lincoln House is that all resident's medications are to remain in the medication room under the supervision of delegated staff. This is discussed at all prospective interviews and on admission. This information is also found in the resident's handbook given to the resident at time of admission.
  However individual care plan can be developed to ensure that resident specific medications needs are meant.

(3) Qualifications of the staff MPCA (Medication Personal Care attendant) entail the following:

- MPCA has completed a medication training done at Lincoln House that includes Didactic training with a written test as well as physical training and demonstration of appropriate skills following the Lincoln House protocols, which include the " Eight Rights of Medication Administration ".
- Completion of the written test with score of 90%
- Evaluation and demonstration of skills of the following;

1. Following the Eights Rights to Medication Administration with adaption to medication systems used at Lincoln House.

2. Demonstration and knawledge of the protocol of proper documentation of administering scheduled and PRN medications. Also MPCA and/or designated delegate knows the proper procedure to document when a resident refuses their respective medication, not only on the MAR but the designated sheet

"Medication Refusal" in addition to verbal notification of the Medical Director/RN of the medication refusal.

3. Knowledge and compliance with the procedure/protocol for action and documentation of a resident refusal to take a medication. 100 % compliance with: documentation on the MAR and the Medication Refusal Form and verbal communication with RN.

4. Knowledge and compliance with the procedure of having 2 MPCA for the disposal of outdated/discontinued medications. For the disposal of Narcotics, one of the 2 needs to be an RN with a MPCA. (The RN may be The Hospice RN from C.V. Home Health and Hospice. In both of the above mentioned procedures the MPCA and the RN need to document the disposal of the medications.

5. Knowledge and compliance with the procedure for the use of psychotroactive medications for individual resident. MPCA & designated delegate will be able to address the need for PRN psychoactive medications on a PRN basis an also be knowledgeable with the common side effects.

6. Knowledge and compliance with the following: The staff will not assist in the administration any medication prescription or over the counter mediations without a physician's order. There will be a written signed order with a supporting diagnosis or problem statement in the resident's record.
   Once a year each resident's medication regime: both scheduled and their respective prescripting physician will review PRN. There is a standard procedure for changing doses of medication, discontinuing and starting new medications in the facility.
   See attached written procedure

7. Knowledge and Compliance with the following protocol
   That there 24-hour coverage with MPCA on duty at
   Lincoln House.
8. The Medial Director/ RN must accept 24-hour responsibility for the proper administration and documentation.
   i. Development of a learning program of administration and monitoring of medications for the residents.
      (Specific focus on the resident's condition, appropriate medications and potential side effects).

   ii. Method to communicate with designates staff about resident's condition and effects of medication regime as well as any changes with the mediation regime. This is accomplished via written communication from the prescribing physician, written communication from MD office visits, Emergency Department visits; faxed orders post verbal communication from MD offices'. Internal management of communication is in the

resident's record, and the established communication of adding the pertinent information in reference to the medication change on the medication change sheet. In addition the medication change or discontinuation is noted on the respective MAR and the new orders are written on the first blank MAR sheet in the resident's MAR section. The medication changes are then faxed the Montpelier pharmacy, Medicine on Time Program, as well as a copy for the RN's and one copy in the resident's respective chart. MPCA's also verbally notify the RN with these changes.

iii. Assessing the resident's condition and the need for any changes in the medication regimen:
The staff at Lincoln House; Executive Administer, Activity Director, Nurses, MPCA and PCA's are all responsible for observing and noting changes in each resident's health and medication regime.
On a regular basis all residents are discussed at a joint staff meeting to ensure review of all components of the resident's at Lincoln House.

iv. Assessments of resident" receiving psychoactive
Medications will have an active care plan to address
The potential adverse reactions with the medication treatment plan
Receiving psychoactive medication either schedule or as a PRN intervention.

9. As mentioned above the RN is the
responsible party for overseeing the medication regime
For each resident at Lincoln House. All the staff at Lincoln House particularly the MPCA and PCA s knows that if there is any question/concern with the care and/or medication regime that they are to contact the RN who is available 24/7 for consultation.

R167 RESIDENT CARE AND HOME SERVICES
SS-D
5.10 d Medication Management

5.10 d if a resident requires medication administration, unlicensed staff may administer medication under the following conditions:

(5) Staff other than a nurse may administer PRN psychoactive medication only when the home has a written plan for the use of the PRN medication which: describes the specific behaviors the medication is intended to correct or address; specifies the circumstances that indicate the use of the medication; educates the staff about the desired effects or undesired side effects the staff must monitor for; and documents the time of, reason for and specific results of the medication use.

- Individual Care plans for the residents receiving psychoactive medications, which will include the behavior, or concern that required the use of a psychoactive medication intervention (either on a regular basis or as a PRN).
- RNs and the Pharmacist from Medicine on Time at Montpelier Pharmacy are responsible parties to create and implement this care plan
- Audit by the RNs and a Pharmacy Tech from Medicine on Time RN at Lincoln House is the responsible person to audit and ensure 100% compliance with the state regulations.
- Immediate implementation of Care Plan for specific resident's receiving psychoactive medication. Continued monitoring to ensued 100% compliance
-

See attached Psychoactive Care Plan

R171 RESIDENT CARE AND HOME SERVICES
SS-D
5.10 Medication Management

5.10g Homes must establish procedures for documentation sufficient to indicate to the physician, registered nurse, certified manager or representatives of the licensing agency that the medication regimen as ordered is appropriate and effective at minimum, this shall include:
(10 Documentation that medications were administered as ordered;
(2) All instances of refusal of medications, including reason why and the actions taken by the home
(3) All PRN medications administered include the date, time, reason for giving the medication, and the effect;
(4) A current list of who is administering medications to residents, including staff to which the nurse has delegated administration;
(5) For residents receiving psychoactive medication, a record of monitoring for side effects
(6) All incidents of medication errors

- Re educate & educate staff that have be delegated to administer medications to the process of when the resident refuses the medication and the protocol at Lincoln House of notification of RN who is the responsively person to ensure the notification of the prescribing physician of the resident's refusal for prescribed medication. Implementation a process for notifying the prescribing physician. This protocol /process will be readily available to all staff as a resource in a written format.
- Audit of all medication refusals on a daily basis by RN and Administrator and ensuring 100% compliance with documentation and notification of RN and MD in reference to resident's refusal of prescribed medications. This is the responsibility of the RN to ensure that this process/protocol is 100% compliant.
- Implementation of this process is immediate and expectation is consistent 100% compliance.

See attached form Refusal of medication protocol

Psychoactive Medication Care Plan Patient name:					
Date	**Problem**	**Goal**	**Approach**	**Responsible Discipline**	**DIC Date**
	When Resident demonstrates the following:	Resident will remain free of complications associated with psychoactive medications (falls, altered mental state, increased drowsiness)	1. Use of behavioral modification prior to intervention with medication.	MD, RN and Lincoln House staff	
	Behavioral or medical reason for medication:		2. Assess and evaluate for effectiveness and/or adverse reactions.	MD, RN and Lincoln House staff	
	Medication used:		3. Evaluate for any changes of ADLs and/or mental status changes	MD, RN and Lincoln House staff	
			4. Consultant with prescribing physician as needed in reference to effectiveness.	RN	

Protocol for Documentation and Follow-up of resident's refusal of medication.

In the event that a resident refuses to take a scheduled medication the following steps will be followed:

1. On the resident's MAR (Medication Activity Record) in the designated time slot for the prescript medication the MPCA will initial and then circle their respective initials to designate that the resident refused their medication.
2. The MPCA will then complete the form (MRF11-2014) with the following:
   Date and time
   Medication refused
   RN notified
   Plan of Care/ Action
3. The MPCA will also document in the resident's chart and verbally Convey this pertinent information to the next shift MPCA including plan of care and /or action per RN instructions.
4. If resident asks for specific medication out of sequence of scheduled Regime, RN is to be consulted prior to dispensing medication to resident.

Resident Name	Documantation of Medication Refusal		
Date and time	Medication refused	RN/MD Notificarion	Plan of Care / Action

Form MRF 11-2014

R177 RESIDENT CARE AND HOME SERVICES
SS-E
5.10 Medication Management
5.10 h

(5) Narcotics and other controlled drugs must be kept in a locked cabinet. Narcotics must be accounted for on a daily basis other controlled drugs shall be accounted for on a weekly basis.

- Review and re-educate staff in the need for count of all narcotics for each shift change, including all narcotics dispensed and packed by the Medicine on Time Bubble by Montpelier Pharmacy in the weekly bubble packets.
- Implementation of daily audits of the Narcotics Count, to ensure that accurate counts are done at the end of each MPCA shift.
- The Medical Administrator/RN is the responsible person to ensure compliance.
- Expectation is implementation i10-21-2014 and there will be consistent 100% compliance.

See Attached forms, Monthly Narcotic Record

R181 RESIDENT CARE AND HOME SERVICES
SS=E
5.11 Staff Services

5.11.d The licensee shall not have on staff a person who has had a charge of abuse, neglect or exploitation substantiated against him or her, as defined in 33 V.S.A. Chapters 49 and 69 or one who has been convicted of an offense for actions related to bodily injury, theft or misuse of funds or property, or other crimes inimical to the public welfare, in any jurisdiction whether within or outside the State of Vermont. This provision shall apply to the manager of the home as well, regardless of whether the manager is the licensee or not. The licensee shall take all reasonable steps to comply with the requirement, including but not limited to, obtaining and checking personal and work references and contacting the Division of Licensing and Protection in accordance with 33 V.S.A. 6911 to see if prospective employees are on the abuse registry or have a record of convictions.

- All new employees will have a record of the Adult or Child Abuse registry check and all required regulatory checks available in the respective employees personnel record prior to beginning work.
- There will be a protocol/ procedure in place that if the written verification is not on the premises of Lincoln House the prospective employee will not be able to begin work until the above-mentioned requirement is met.
- The Administrator is responsible person to ensure compliance of this protocol.
- This requirement will be implemented immediately 10-21-2014 and monitoring for 100% with each new employee

R190 RESIDENT CARE AND HOME SERVICES
SS=E
5.12 b. (4)

The results of the criminal record and adult abuse registry checks for all staff

- All employees will have record of the VCIC (VT Criminal) background check and all required regulatory checks will be available in the employees personnel file.
- An in-house audit will be completed on all personnel records to ensure compliance
- Responsible parties is the Administrator
- Implementation immediate and audit will be completed by 11-03-2014

R200. RESIDENT CARE AND HOME SERVICES
SS+F
5.15 Policies and Procedures

Each home must have written policies and procedures that govern all services provided by the home. A copy shall be available at the home for review upon request.

Monthly Narcotic Record

	Time	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Name																																
Drug/Dose																																
Order																																
Indication																																

	Time	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Name																																
Drug/Dose																																
Order																																
Indication																																

	Time	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Name																																
Drug/Dose																																
Order																																
Indication																																

	Time	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Name																																
Drug/Dose																																
Order																																
Indication																																

	Time	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Name																																
Drug/Dose																																
Order																																
Indication																																

Month/Year:

Narcotic Count Sign off Sheet
Make sure to have both Med PCAs sign after counting

October 2014

	0700	1500	1900
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31			

- A hard copy of Policies, Procedures and Protocols will be made available for use.
- Administrator and Medical Director/RN are responsible to implement.
- Administrator and Medical Director/RN are responsible to auditing this Policy/Procedure Book is up to date with the practice at Lincoln House.
- Implementation will begin 10-21-2014 and completion will be by 12-01-2014 with ongoing auditing of the Policy and Procedure on a quarterly basis.

See attached

R302 FIX PHYSICAL PLANT
SS=E
9.11 Disaster and Emergency Preparedness

9.11 c Each Home shall have in effect, and available to staff and residents, written copies of a plan for the protection of all persons in the event of a fire and for the evacuation of the building when necessary. All staff shall be instructed periodically and kept informed of duties under the plan. Fire drills shall be conducted on at least a quarterly basis and shall rotate times of day among morning, afternoon, evening and night. The date and time of each drill and the names of participating staff members shall be documented.

- Implementation of drills every 2 months for respective fire drills and in addition a drill of evacuation from building secondary to a infrastructure failure. Drills will be done at varying times, i.e. morning afternoon, evening and nights to ensure compliance and proficiency at all times of a fire or other evacuation plan.
- Administrator and Medical Director/RN will be responsible for education and implementation of the drills
- Quarterly audits by administrator and RN to ensure that this requirement is being met 100%.
- Implementation is 10-21-2014, expectation 100% compliance

Lincoln House

Policies and Procedures with Respect to Resident Care

Preface: The following are the policies and procedures of Lincoln House with respect to patient care. Some policies have explicit procedures associate with them; others do not. In all cases, LH staff are expected to use common sense and make good faith efforts to fulfill the purpose of the policy. Any questions about what should or should not be done under a policy should be explicitly directed to either the Executive or the Medical Director, as appropriate.

1. Services and Supplies

Policy: Lincoln House (LH) provides its residents with a safe and secure physical facility with well-structured medical, nursing, dietary, activity, and housekeeping services. Medical services are provided through collaboration with the resident's primary care and, as appropriate, specialist physicians and through adjunct service providers such as physical therapists, occupational therapists, and registered dietitians. LH can guide and assist residents, their families, or their representatives in obtaining third party providers for other services to be provided at LH.

Services and supplies included in the basic monthly rate are:

- Room and board
- Personal care overview
- Nursing overview and supervision
- Dietary assessment and needs
- Housekeeping
- Maintenance
- Laundry
- Activities
- Transportation equaling 20 miles round-trip up to 4 times per month for shopping

Services that can be arranged by LH and billed by the provider to the residents include:

- Psychological services
- Appointment with specialists, lawyers, or religious groups
- Special diagnostic tests
- Transportation services

Other services not included in monthly room charge include that LH will not be responsible for, but which LH can assist and guide the resident and the resident's family or representative in obtaining:

- Private nursing care
- Mediation
- Physician services
- Durable medical equipment (e.g., special chairs, prosthesis, crutches, canes, walkers, braces, special beds, mattresses, wheelchairs)

- Personal care items (e.g., haircuts, personal telephone or personal cable TV, publications, newspaper, magazines, convenience items, brand name over-the-counter preparations, dry cleaning, personal toiletries, pet expenses)
- Home Health Agency Services
- Social Services

2. Staffing

Policy: LH is an equal opportunity employer. Each area of service at LH has sufficient personnel to meet all of the residents' needs based on the services provided. The Executive Administrator manages and supervises LH. The Medical Administrator - an RN who is available 24 hours a day, 7 days a week - is in charge of medical management and medication. In the absence of the Executive Administrator, the Medical Administrator is in charge. Medical care Personal Care Assistants (PCAs) are available 24 hours, 7 days a week for the distribution of medications. They are trained to perform this function. Regular care PCAs are available 13 hours per day, 7 days per week.

3. Admissions

Policy: Persons of every race, creed, color, national origin, gender and sexual orientation in need of the level of care at LH are eligible for admission. Persons afflicted with a communicable disease will be considered for admission per CDC guidelines, the level of care that is provided at LH, and the risk to the other residents. Persons with acute psychotic disorders are not eligible for admission. Admissions will follow this procedure:

3.1. A applicant will be admitted only under the care of a primary physician, licensed to practice medicine in the state of Vermont.
3.2. Executive and Medical Adminstrators will interview prospective residents with family or representative present. The prospective resident is then requested to sign a medical release form so that LH staff can review their medical records.
3.3. Each resident or resident's representative will sign an Admission Agreement, acknowledging receipt of the Resident Orientation Handbook, acceptance of charges, and agreement with the services to be provided.
3.4. The resident's doctor will review orders, at a minimum, annually, if not with each patient visit with the primary medical provider, to confirm medication regime for medical issues.
3.5. On an ongoing basis, the Executive and Medical director, along with the primary care provider, family, and/or advocate, will monitor and evaluate the appropriateness of a residential care facility for the resident.
3.6. Where any applicant is refused admission, the Executive Administrator will document the reasons in writing.
3.7. The Executive Administrator assigns rooms to incoming residents following staff and family consultation. The Executive Administrator may change the room assignment depending on availability and suitability.

4. Medical Records

Policy: Medical records are kept on each resident at Lincoln House. The records are confidential and are kept under lock and key. LH encourages its residents to have an advanced directive, which will be kept as part of the medical record. Medical records are continuously updated based on the following procedure:

4.1. The Medical Administrator updates the record when there is a change in the resident's health status.
4.2. The record is also updated when a new order comes from the primary physician.

5. Medication Management

Policy: LH manages the medications for all residents. Medications are administrated to residents based as directed by a physician's written prescription and the Medication Management Policies. LH obtains medications from Montpelier Pharmacy, unless a resident prefers a different pharmacy or mail order. In the case of medication refusal, narcotics, and/or psychoactive drugs, the following procedures must be implemented (see Medication Management Policies for further details):

5.1. Where a resident refuses medication, the refusal must be recorded on the Patient Medication Refusal form
5.2. Where the resident is taking narcotics, the Narcotics Medication form must be used
5.3. Where psychoactive medications are considered or prescribed, the Psychoactive Medication Care form must be reviewed and completed

6. Alcohol and Illegal Drug Use

Policy: Discrete, moderate consumption of alcoholic beverages is permitted at LH. If consumption of alcoholic beverages is medically contraindicated, this will be confirmed by a statement from the primary physician. Alcohol intoxication is not permitted, nor are illegal drugs. If alcohol abuse and/or illegal drug use persist after a single warning, the resident will be given 30-day notice to leave LH.

7. Dietary Services

Policy: All residents receive three well-balanced meals per day. LH will provide therapeutic diets if prescribed by the primary physician or in consultation with a Registered Dietician. Residents are required to eat their meals in the dining room, unless they are sick or are recuperating. In these cases, meals will be brought to them in their rooms. Two snacks are provided each, once in the afternoon and once in the evening. Kitchenettes are available on each floor, including refrigerators for storage of person food items.

8. Activities

Policy: LH is concerned with both the residents' health and happiness. LH provides daily exercise sessions and resident shopping trips once per week. LH encourages the use of common areas for both social and individual use.

9. Dental Services

Policy: Dental health is an important component of overall health. Assistance with dental appointments will be given to residents as well as transportation to and from the appointment. Fees incurred by the resident for dental care are the responsibility of the resident or the resident's representative.

10. Resident Safety

Policy: Residents are informed of their responsibilities at the time of admission through the Resident Orientation Handbook. Smoking is forbidden it the building. A resident may not enter another resident's room without the permission of the other resident. Abusive, aggressive, or harassing language toward other residents or staff is not acceptable. Behavior that is disruptive or a safety concern to the other residents or staff is not tolerated.

11. Accidents or Incidents

Policy: Lincoln House makes every effort to create a safe environment for its residents. Accidents, however, can and do happen. To ensure that residents receive immediate and appropriate care and that the next-of-kin or resident's representative are notified, the following procedure is to be followed:

11.1. Any person who witnesses an accident or incident occur on premise, whether a resident employee or visitor is involved, should immediately inform a staff member.
11.2. The staff member is responsible for notifying the medical and executive administrators immediately. Phone numbers for the administrators are displayed in the Lincoln House office.
11.3. The medical administrator will provide direction and encouragement for the injured person to obtain immediate and appropriate care, including First Aid, or in severe cases recommend calling for emergency medical services for transportation to the nearest hospital.
11.4. The staff member will notify next of kin or the resident's representative, as well as, where appropriate, the resident's physician. The next-of-kin or resident's representative within the schedule of the staff member's shift (e.g., 4 hours, 8 hours, or 12 hours). The physician may receive notification from LH staff or by electronic medical record of the patient's emergency room visit.
11.5. A qualified staff member will complete an Accident/Incident Report before they leave the shift in which the accident occurred.

12. Restraints

Policy: LH does not use physical restraints unless absolutely necessary for the immediate physical safety of the resident or other residents and staff. If it does become necessary, staff will follow State of Vermont regulations, in which they have been trained. Residents or resident's representatives will be informed of the regulations at the time that restraints are used. They will also be given information about the right to challenge the use of the restraints.

13. Fire and Disaster Plan

Policy: To ensure the safety of its residents, LH meets NFPA requirements with respect to fire suppression and physical evacuation features. It also has an evacuation and disaster plan, which is located in the Evacuation Notebook in the main office. At least one fire drill is held each quarter, rotating as to the time of day. Evacuation procedures are reviewed monthly at the Household Meetings.

14. Complaints and Grievances

Policy: The Executive Administrator and the staff will make every attempt to resolve any complaint or grievance provided either verbally or in writing by a resident. In all cases, the grievance or complaint will be address without fear of retribution by LH or its staff. The name and telephone number for the area Ombudsmen is post outside the dining room along with the Resident Rights. In addition, Vermont Protection and Advocacy (VP&A) contact details are also posted outside the dining and provided in the Resident Orientation Handbook. If the complaint or grievance is not resolved within 5 working days, the following formal procedure will be followed:

14.1. The grievance will be formally presented to the Executive Administrator, who will seek to resolve it within 3 days and provide a written plan of action to the resident.
14.2. If the issue is not resolved to the satisfaction of the resident, the resident my then contact either the area Ombudsmen from Legal Services or with the Vermont State Department of Aging and Disabilities.
14.3. LH will permit access to any representative of Adult Protective Services, the Office of Long-Term Care, or VP&A to talk with and make personal, social, and legal services available to all residents; to inform residents of their rights and entitlements; and, to assist residents in resolving problems and grievances.
14.4. A written acknowledgement of the complaint or grievance and a follow-up plan of action will be sent to the resident within 5 working days.
14.5. The Executive Administrator will ensure that the plan of action is completed within the target dates contained therein.
14.6. Any LH staff member found to be threatening or actually carrying out retribution on a resident who has made a complaint will be disciplined appropriately.

15. Changes to the Policies or Procedures

Policy: The Executive and Medical Administrators will review these policies at least once a year to see whether any revisions or updates are needed. LH will also review these policies and procedures whenever its Administrators are directly informed by the State of Vermont of a pertinent change in regulations. The following document control procedures will be followed:

15.1. Copies of the existing policies and procedures will be kept electronically on the desktops of the Executive and Medical Administrators. A paper copy will be keep in the office for staff, residents, and residents' representatives.
15.2. When a change in the policies and procedures is made it will be assigned a new number based on whether the change is major or minor. Electronic copies will be removed for all computers, the paper copy of the old policy will be filed in a folder clearly marked to say that it is obsolete, and a new paper copy will be made available in the office.
15.3. Residents will be informed of the changes in policy through a revised copy of the Resident Orientation Handbook and the Household Meeting.